



SOUTH AUSTRALIA



ANNUAL REPORT

OF

The Central Board of Health

FOR THE

YEAR ENDED 31st DECEMBER, 1945

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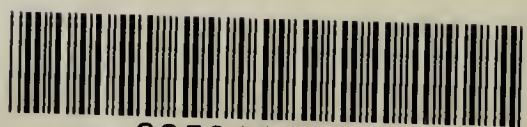
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THE PUBLIC HEALTH

Annual Report of the Central Board of Health to the Minister of Health (Hon. A. Lyell McEwin, M.L.C.)

Sir—We have the honour to submit our annual report for the year ended 31st December, 1945.

The report is arranged in sections :—

1. General Survey of Activities.
2. Vital Statistics.
3. Health Conferences.
4. The Local Boards.
5. Sanitation.
6. Food and Drugs.
7. Infectious Diseases.
8. Venereal Diseases.
9. Tuberculosis.
10. Concluding Remarks.

1. GENERAL SURVEY OF ACTIVITIES.

Personnel of the Board.—The personnel of the Board during the year was :—

Chairman—Albert Ray Southwood, M.D.

Members appointed by the Governor—

Edward Angas Johnson, M.D.

John Burton Cleland, M.D.

Member elected by Metropolitan Local Boards—

Arthur Roy Burnell, J.P.

Member elected by all other Local Boards—

Frank Charles Lloyd, J.P.

Secretary—

S. C. Stenning.

Staff.—The amount and range of work requiring the department's attention has increased greatly in recent years and some increase in staff became urgently necessary. As a first step, the Board recommended the appointment of the following staff :—One medical officer (full time) ; two inspectors (male) ; one clerk ; one junior clerk ; one typiste.

Cabinet approved the Public Service Commissioner's recommendation along those lines.

Sister K. M. Wilkinson was selected for an important health post with U.N.R.R.A. The Government approved her leave, and she is now working in Europe. Sister Wilkinson has worked with the Central Board of Health for eight years.

Health Notes.—The Board's quarterly bulletin continues to be a useful medium for disseminating information to local boards. The bulletin is widely distributed to members and officers of local boards, and to medical practitioners, pharmacists, teachers, social workers and students. The Board appreciates the help given in 1945 by the following contributors of articles :—Hon. A. L. McEwin (Minister of Health) ; Mrs. J. E. Good, O.B.E. ; Mrs. M. Ridgway (Organizing Secretary, Kindergarten Union of South Australia) ; Miss Helen James, B.A. (Medical Social Worker, Red Cross Society) ; Dr. E. G. Biaggini (of the Workers' Educational Association, University of Adelaide) ; Dr. A. H. Finger (Medical Superintendent, Northfield Infectious Diseases Hospital) ; Dr. S. W. Pennycuik (Lecturer in Physical Chemistry, University of Adelaide) ; Dr. A. C. Savage (Medical Superintendent, Bedford Park Sanatorium) ; Dr. H. M. Southwood (Deputy Superintendent, Enfield Receiving House) ; Dr. R. L. E. Wahnsley (Officer of Health, Pinnaroo) ; Mr. S. A. Gale (Secretary, Metropolitan County Board) ; Mr. R. W. T. Oborn (Honorary Secretary, Payneham Youth Centre) ; and Mr. W. H. Sheppard (Chairman, South Australian Division of the Australian Red Cross Society). The value of the bulletin in advancing health work throughout the State depends largely on the stimulating and informative contributions from public spirited workers.

Legislation.—

Bakehouses Registration Act.—The Bakehouses Registration Act, 1945, was passed during the Session of Parliament. The Act provides for the registration of bakehouses and the regulation of the hours during which bread may be baked and for other purposes. It also provides for the making of regulations for the purposes of the Act.

The Act prescribes that if application is made for the registration of any bakehouse before the 30th June, 1947, the licensing authority is required to effect registration even though the premises do not conform to the requirements of the regulations. Should, however, application be made for further registration after 30th June, 1947, the premises are not to be registered unless and until they conform to the prescribed requirements.

The Act is to come into force on a day to be fixed by Proclamation. The registration is to be effected in the metropolitan area by the Metropolitan County Board (which is the local authority constituted under the Food and Drugs Act for that area) and by local boards of health outside that area.

Until the recent repeal of the National Security Regulations (Bread Zoning Order), bakehouses and also bakers' shops were required to be licensed under those regulations.

Infectious Diseases and Tuberculosis Regulations.—On 8th February, 1945, the Infectious Diseases and Tuberculosis Regulations, 1938, were amended. The main features were explained in "Health Notes" for April, 1945.

The various provisions of the regulations now apply in respect of all forms of tuberculosis, and not only to pulmonary tuberculosis, consequent on an amendment of the Health Act making all forms of tuberculosis notifiable.

New provisions are inserted in regard to cerebro-spinal meningitis. They include the fixing of the period of isolation of sufferers for at least 21 days, isolation of contacts attending school and children under 14 years for at least 14 days, while all other contacts are to be kept under medical surveillance.

The period of isolation of sufferers from measles has been reduced from 14 days to 7 days.

Contacts of poliomyelitis anterior acuta attending school or under the age of 14 years are to be isolated for 14 days instead of 21 days.

The provisions in regard to puerperal fever are struck out and a regulation relating to puerperal pyrexia inserted in lieu thereof. This relates to isolation, disinfection, bacteriological examinations, medical and nursing attendants.

The period of isolation of contacts of scarlet fever attending school or under 14 years of age is reduced from 10 days to 7 days.

Whooping cough sufferers are to be isolated for not less than 28 days from the beginning of the whooping stage. Contacts attending school or under 14 years of age are to be isolated for 14 days, unless the contact has previously suffered from the disease.

Consolidation of Food and Drugs Regulations.—On 24th May, 1945, the Regulations under the Food and Drugs Act, 1908-1943, were consolidated. In view of the number of amendments that had been made to the regulations from time to time the consolidation enables much easier reference to the regulations on the various subjects.

Advisory Committee on Health and Medical Services.—The Committee continues to serve a valuable purpose in co-ordinating the work of the State Health Department, the Hospitals Department, the School Medical Service, and other public health activities. During the year the Committee advised the Minister regarding the Lobethal Child Health Scheme, the dental treatment of school children, the training of hospital almoners, the provisions of an infirmary, ambulance services, and the future policy for training of medical students and nurses in midwifery. The problem of hospital accommodation for midwifery patients received much attention. In March, 1945, the Committee conferred with a selected group of medical practitioners and others having special knowledge of the matter, and a full report was forwarded to the Minister.

Lobethal Child Health Scheme.—The Government made available a grant for 1945-46 for an experimental scheme of child health supervision in Lobethal and surrounding areas. The objects of the plan were to provide for the children of the area an opportunity for an optimum physical development and to do this by active co-operation between the preventive and remedial medical (and allied) services. For the previous six years a Children's Health Survey had been conducted in the area under a grant from the National Health and Medical Research Council. The present scheme was a "follow up" of the survey. The scheme consists of—

- (1) Preventive Medical Service.—General medical advice, but no medical treatment is to be given.
- (2) Dental Service.—This provides for dental inspection of school children and pre-school children and an educational programme for children and parents.
- (3) Physiotherapy Service, including treatment of children with gross structural disabilities.
- (4) School Health Service.—This service provides for the detailed administration of the scheme.

The Physical Education Service of the Education Department will co-operate in the scheme. It is thought that the information and results obtained from the scheme might indicate desirable extensions in the work of the School Medical Service.

National Health and Medical Research Council.—The Chairman was the State Government's representative at the sessions held at Canberra in May and November, 1945. Grants were made to the following research workers in this State:—Miss Nancy Atkinson, M.Sc.; and to Drs. J. S. Covernton, M. H. Draper, C. C. Jungfer, C. S. Swan, and P. W. Verco. The Council gave attention to many matters of public health importance. In that way State health authorities were kept advised of developments in such subjects as penicillin manufacture, the use of D.D.T., whooping cough immunization, penicillin treatment of venereal diseases, rat control measures, and the effects of German measles on pregnant women.

2. VITAL STATISTICS.

Through the courtesy of Mr. A. W. Bowden, Government Statist, the following figures and commentary have been made available. Particulars for the year 1944 are shown in parentheses.

Population.—The estimated population of the State on 30th June, 1945, was 628,940.

Births.—Fourteen thousand and thirty-three (13,311). The number of births registered had fallen irregularly from 12,904 in 1914, to 11,492 in 1927, from which year there was an almost continuous fall to 8,270 in 1935, but from 1935 there has been an increase each year. The total for 1945 shows an increase of 722 on 1944, and of 5,763 on 1935. The record number of births registered in earlier years was 12,904 in 1914, and this has now been exceeded by 1,129. However, it must be remembered that the population in 1914 was only 445,000, compared with 630,000 for 1945. The

1914 births were equal to 28·97 per 1,000 of the population and it would have required over 18,000 births for 1945 to represent a similar rate. The rate had fallen to 14·14 per 1,000 of the population in 1935, increasing to 21·40 in 1944, and 22·27 in 1945. The 1945 rate is the highest since 1924.

Sexes of Births.—There is an oft-quoted theory that a greater proportion of boys are born during war years, but this theory is not supported by the records in this office relating to births in this State, Australia, or England. For this State, the number of boys compared with 100 girls born during each of the last few years have been :—1937, 105·42 ; 1938, 106·95 ; 1939, 107·69 ; 1940, 105·60 ; 1941, 109·58 ; 1942, 106·52 ; 1943, 106·17 ; 1944, 104·38 ; and 1945, 104·41. The high rate of 109·58 in 1941 was practically equalled by 109·46 in 1933.

Deaths.—Six thousand and forty-nine (5,984) were registered during the year, an increase of 65 on the previous year. Commeneing from 1921 there had been a general, though irregular fall in the death rate until 1933 when the rate of 8·44 was the lowest on record. From that year there had been an irregular rise to the rate of 10·99 in 1942, which was the highest rate since 1919—the year of the influenza epidemic. There was a fall to 10·53 in 1943, and a further fall to 9·62 for 1944, and 9·60 for 1945, but at this date it is not possible to give details of the number of deaths from the various eauses.

Infantile Mortality.—The deaths of children under one year totalled 392, an increase of five on the total of 387 for 1944. The infantile death rate represents the number of deaths of children under one year per 1,000 births. During the last 60 or 70 years there has been a remarkable drop in the infantile death rate, from a rate of 150 per 1,000 births in the period 1870-1880, to a rate of 30 to 40 in recent years. In 1938 there was a record low rate of 30·50, believed to have been the lowest infantile death rate in the world to that time, but New Zealand had the lower rate of 28·71 in 1942. For 1945 the rate for South Australia has fallen to 27·93, but it is not yet known whether this is a world record as final figures are not yet available for Victoria and Tasmania, both of which States will have very low rates.

Deaths of infants from principal eauses during 1945 (1944 in parentheses) were :—Diarrhoea, etc., 10 (15) ; congenital malformations, 58 (53) ; premature births, 139 (104) ; congenital debility, 11 (15) ; injury at birth, 46 (49) ; other diseases peeuliar to early infaney, 40 (45) ; cerebro-spinal meningitis, 0 (1) ; meningitis, 0 (2) ; whooping cough, 8 (0) ; diphtheria, 2 (3) ; measles, 0 (2) ; convulsions, 3 (1) ; bronehitis, 2 (5) ; pneumonia, 31 (38) ; hernia, etc., 4 (2) ; diseases of the ear, etc., 7 (10) ; and all other eauses, 31 (42).

There were 119 (114) deaths of children under one day, 177 (143) of children from one day to one month, and 96 (130) of those from one month but under one year. Comparing the year 1945 with the average of the 10 years ended 1929, there were 119 (117) deaths under one day ; 177 (206) one day to one month ; and 96 (287) one month old and over. It will be noticed that the greatest improvement has been in respect to deaths of children from one month to one year old.

Still Births.—These are not included in either births or deaths, and number 338 (336).

Summary Return.—The following return shows the number of births, deaths, and marriages, and the rate per 1,000 of mean population and the number of infantile deaths and the rate per 1,000 births.

Period.	Births.		Marriages.		Deaths.			
					Total.		Infants.	
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
Mean—								
1920-24	11,857	23·43	4,326	8·55	4,901	9·68	693	58·45
1925-29	11,301	20·16	4,225	7·54	5,034	8·98	526	46·54
1930-34	8,989	15·54	3,660	6·33	5,001	8·65	342	38·05
1935-39	9,039	15·32	5,305	8·99	5,430	9·20	297	32·85
1940-44	11,743	19·16	6,843	11·17	6,235	10·17	406	34·57
Year—								
1941.....	10,965	18·21	6,855	11·38	6,288	10·44	356	32·47
1942.....	11,278	18·46	8,129	13·31	6,712	10·99	448	39·72
1943.....	13,145	21·36	6,263	10·18	6,482	10·53	482	36·67
1944.....	13,311	21·40	6,019	9·68	5,984	9·62	387	29·07
1945.....	14,033	22·27	5,321	8·45	6,049	9·60	392	27·93

3. HEALTH CONFERENCES.

A Valuable Method of Health Education.—The Board is convinced that the prinicipal way of progress in public health in this State is through health education. The day of rigid legal control in many branches of health work has passed—for one thing, it is impracticable to police many of the detailed procedures in sanitary and food control. Only by the understanding and eo-operation of sanitary authorities and their officers, of food handlers, and of the general public can the necessary health safeguards be adequately maintained.

Early in 1932 the Board began its scheme for visiting and conferring with loeal boards, and at intervals since that time such conferences have been held in various metropolitan and city areas. The conferences arranged from time to time by the Board are designed to promote enthusiasm for public health work, and to give a better understanding of its principles. The Board has no doubt of the value of such conferences. As opportunity offers, it proposes to arrange more frequent and varied types of meetings.

The conference of officers of health held in May, 1939, was the first large conference arranged by the Board. A report of that series of meetings appeared in the Board’s annual report for 1939, and in the quarterly bulletins of that year. The average attendance of 50 medical officers at the meetings assured the Board that the interest in health work was keen, and that the conference method was worth developing.

The war years, however, interfered with any great extension of the scheme, and even the visits to local boards had to be curtailed. However, in March, 1944, the Board arranged a conference of representatives of local boards of health. It was highly successful. Members and officers of local boards from all parts of the State met at the various meetings. Reports appeared in the quarterly bulletins during 1944, and in the annual report for that year.

Conferences in the South-East.—In May, 1945, a series of 11 conferences was held in the South-East. The conferences were arranged by the Central Board of Health, and its delegates—Dr. A. R. Southwood (Chairman), Mr. F. C. Lloyd (member elected by country local boards), and Mr. S. C. Stenning (Secretary)—attended at each session. Members of the local boards of health at the various centres discussed matters relating to the public health work. Special attention was given to plans for post-war expansion of health work.

The meeting generally showed interest in health work, although some local boards seemed insufficiently aware of their powers and responsibilities. Reports of the meetings were published in “Health Notes” for July, 1945.

Conferences in Upper Murray Towns.—Late in September, meetings were held with local boards of the upper Murray area. Here again the Central Board’s representatives tried to impress on the members and officers of local boards the high value of public health work, and the important part local boards could and should play in its development.

The Central Board hopes it will soon be practicable to make more such visits to country areas. It is the Board’s policy to assist local boards in that way.

4. THE LOCAL BOARDS OF HEALTH.

Principles of Administration.—The main features of public health administration in this State are based on the English principle of central guidance and local detailed control. A special article in “Health Notes” of April, 1945, gave a clear outline of the scheme in force.

The health administration of South Australia is under the charge of the Chief Secretary. The Central Board of Health consists of three medical men (one of whom is the Chairman and permanent head of the department) appointed by the Governor, and two representatives of the local boards of health. The Central Board acts as a supervisory body over all local boards, and supplements that work by an active policy of inspection and advice; the Board also has concurrent jurisdiction with local boards.

Under the Health Act every municipal council is constituted a local board of health for its municipality, and every district council is a local board of health for its district. Under the Food and Drugs Act every local board of health is constituted the local authority for its district. Local boards of health are charged with securing the proper sanitary condition of their respective districts, the control of infectious diseases, the maintaining of a pure food supply, and the licensing of private hospitals and maternity homes.

In the metropolitan area all the powers of the local boards of health under the Food and Drugs Acts and the functions of the local boards of health under the Health Acts, so far as they concern food supplies, are vested in the Metropolitan County Board, which is composed of representatives from the constituent local boards of health.

An outstanding difficulty in our State is that we have too many local boards for satisfactory working. The population within the area of each is too small to warrant the maintenance of a satisfactory health department or centre, and in any case the financial resources of most of the areas are too limited. The experience elsewhere is that, for a public health centre to work efficiently and economically, it is necessary to have a population in the area of at least 75,000. On that basis this State would be provided with about eight health centres. Contrast that with the present situation, where we have 143 local boards, each with its health work to do. The service would be more efficient if numbers of adjacent local boards were to combine their activities. Provision exists in our legislation for such arrangements, and such bodies as the Metropolitan County Board and the East Torrens County Board are examples of the fusion of local boards for purposes of health administration.

Circular to Local Boards.—From time to time the Central Board issues circulars to local boards, explaining special new features in health laws or in administrative arrangements.

Modification in the regulations relating to puerperal fever were explained in a circular distributed in February, 1945, and in “Health Notes” for April, 1945, a full statement was made on the matter. In the same bulletin the variations in requirements regarding other infectious diseases were also set out.

In March the Board drew the attention of local boards to the need for continuing diphtheria prevention work. Leaflets for public distribution were also made available to local boards.

A circular explaining the main features of rat control was issued in June, 1945. Attention to the routine work of sanitation was urged on all local boards and on individual householders.

Whyalla Town Commission.—On 1st May, 1945, the Whyalla Town Commission was established under the provisions of the Whyalla Town Commission Act, 1944. The area of the town of Whyalla is deemed to be a municipality under the Local Government Act. The Commission consists of seven commissioners. The chairman is appointed by the Governor. Three of the commissioners are elected by the ratepayers and three appointed by the Broken Hill Proprietary Company Limited. The population of Whyalla is approximately 8,000 persons.

At the time of the passing of the Act there was no local governing body for the town of Whyalla, but municipal works and services, including health services, had been and were being provided by the Broken Hill Proprietary Company Limited. Further, in the absence of a local governing body it was the responsibility of the Central Board of Health to exercise all the powers and duties of a local board of health. However, the Broken Hill Proprietary Company Limited, on its own initiative, established and controlled certain health services. The inspectors who then carried out the health work were, under agreement, appointed inspectors under the Health and the Food and Drugs Act in order to give them legal powers to carry out their duties. The company paid the salaries of the inspectors and all expenses incidental to their appointments. Owing to the growth of the town of Whyalla, and the likelihood of further growth, it was considered desirable that a representative local governing body should be established for that town.

5. SANITATION.

The Basis of Health Work.—What is ordinarily understood as “ sanitation ” is the very basis of good health work. The Central Board continues to impress on all local boards the extreme importance of that fact.

Rat control is a feature requiring attention in many areas. The Central Board has issued circulars to local boards on the subject and published special articles in “ Health Notes ” for January, 1945. Small leaflets for distribution to householders were also made available to local boards, and were found useful.

During the war years, many local boards have had difficulty in maintaining sufficient staff for the proper performance of the sanitary work of their areas. There should be a general improvement in that situation now, and the Central Board expects greater enthusiasm and more thorough attention to the sanitary work on the part of the local boards.

6. FOOD AND DRUGS.

The Advisory Committee under the Food and Drugs Act.—The members of the Advisory Committee, at the beginning of this year, were :—Dr. A. R. Southwood, Chairman (Chairman of the Central Board of Health) ; Professor Mark L. Mitchell (Professor of Biochemistry and Physiology, University of Adelaide) ; Mr. C. E. Chapman (Government Analyst) ; Dr. H. Kenneth Fry (Officer of Health for Adelaide) ; and Messrs. W. M. Fowler, E. F. Lipsham, and F. M. Standish (persons conversant with trade requirements).

Mr. W. M. Fowler resigned on 18th October, 1945, and Mr. R. E. A. Dixon was appointed by the Governor in his stead.

Items Reviewed.—At its meetings during the year, the Advisory Committee gave consideration to the following subjects :—Consolidation of the Food and Drugs Regulations ; iodized salt ; prescription only drugs ; return of unsold cake for sale elsewhere ; use of lactic acid in jelly crystals ; licensing of vendors of bread and the registration of their premises ; the licensing of milk bars ; licensing of food factories ; pethidine ; lead toys ; labelling of drugs ; D.D.T., and fly sprays.

Milk in Schools Inquiry.—This matter was referred to in our report for 1944. The Committee of Inquiry completed its inquiries, and forwarded its report to the Government on 24th July, 1945. The report gave a general review of nutrition to the health of children, and a full discussion of various aspects of providing milk and meals in schools. In “ Health Notes ” for January, 1946, some excerpts from the report were published.

Instruction Class on General Foods.—The Royal Sanitary Institute, South Australia, conducts examinations for sanitary or health inspectors, and for inspectors of meat and other foods. The institute is purely an examining body and is in no way responsible for the education of students. Classes are held at the South Australian School of Mines and Industries for sanitary or health inspectors. Instruction is also provided at the school in subjects for the meat certificate, but not for “ other foods ”.

The local board of examiners of the institute sought the Central Board’s support in its application to the school that classes of instruction in regard to “ other foods ” be established so that students might be encouraged to take up that class of work. The Central Board gave its support to the application. It is appreciated that the school has now established a class of instruction as desired, and that a satisfactory number of enrolments has followed.

Quality of Rabbits.—Complaints were received relating to the quality of rabbits being consigned to Adelaide from certain areas about 200 miles distant.

An inspector of the Central Board of Health made investigations into the matter as a result of which the Board issued to the local board of health concerned rules to be followed in the dressing, grading, handling, and transport of rabbits for marketing.

The rules are :—All died-in-the-trap rabbits should be rejected ; the rabbits should be bled and gutted immediately they are taken from the trap ; urine should be expelled from the bladder, and not allowed to run over the carcass ; care should be exercised to see that all of the intestines are cleanly removed ; particular care should be taken in crutching the rabbits, and in the removal of the anus ; the hind legs of the rabbit should be laid open to assist in cooling ; the carcass, when properly gutted, should be kept off the ground and hung in a cool shady, fly-proof place to remove body heat as quickly as possible ; the carcass should not be exposed to undue wind, as this causes the flesh to shrivel ; all ragged ends of flesh, such as necks, legs, etc., should be cleanly trimmed ; dark-fleshed “ scrub ” rabbits should be rejected ; bruised rabbits should be rejected ; the rabbits should be consigned to Adelaide or to the local freezer as soon as possible ; road transport at night should be used when practicable ; shallow boxes, containing not more than 15 pairs of rabbits (two deep) should be used for consignment, otherwise “ sweating ” may occur ; the boxes should allow the circulation of air, but the carcasses should not be allowed to become wind-dried ; a grader should be employed at the freezer to reject unsatisfactory rabbits.

“ Flake ” or Shark.—The question of the condition of certain consignments of “ flake ” or shark being marketed in Adelaide was raised. The fish was received from south-eastern centres about 200 miles from the city. It was alleged that in some cases the fish was “ sloppy ” and in others smelt strongly of ammonia. Two species of fish were caught, the majority being school shark (*Galeus Australis*) and the remainder the gummy shark (*Mustelus Antarcticus*).

A Central Board of Health inspector made inquiries into the subject detailing the treatment, processing, and method of transport. A copy of the report was forwarded to the Chief of Division, Marine Biological Laboratory, Council of Scientific and Industrial Research, New South Wales, for any information he might be able to furnish. It was understood that the matter had been the subject of research by his division for some time.

The Chief of Division furnished a detailed report from which the following is extracted :—

Our experience is that if fish are handled right in the first few hours after the catch, they are not nearly so liable to ammonia taint.

I rather fancy that one source of trouble is the well. This is often so arranged that there is a poor water circulation ; it is rarely cleaned out because the boat must be slipped to do so, and it is probably never disinfected. Sharks caught in the warmer waters of New South Wales, placed straight in ice in the trawlers' holds, and then held at about 28°F. give no trouble from ammonia, and are by no means soft or flabby.

We know that ammonia is produced rapidly from cut surfaces, and there is evidence that blood has an enzyme which attacks urea in the flesh after death. Hence, bleeding has possible advantages, and gutting has disadvantages. It may well be that fish gutted and placed on ice will become flabby, and I know the southern practice is to gut the fish.

I should suggest trying to ice the fish in the round as they come on board instead of putting them in wells, and should follow this by gutting them ashore.

The use of sodium nitrate 0.2 per cent to 0.5 per cent in 10 per cent salt brine has given good results in checking spoilage of shark in laboratory tests, but it is to be regarded rather as a palliative than as a cure. The only real preventive is correct handling in the early stages.

The well is not a particularly hygienic device except in the case of live fish, *e.g.*, the whiting and snapper fishery on the west coast, and even then it requires care and frequent disinfection. It may be necessary to consider seriously the abolition of the well in shark boats. Frequently the fish lying crowded in the well are for six to eight hours in a gurry which is an ideal bacterial medium, and the bacteria abound in the walls of the well.

Dangerous Drugs.—The operation of the legislation relating to dangerous drugs has proceeded smoothly during the year. Drug addicts do not appear to be very numerous in this State ; the few coming to notice here, however, provide the difficulties in supervision commonly associated with these unfortunate victims. In general it may be said that legislation is reasonably effective in restricting the numbers of addicts, and the severity of their addiction, but that the cure of addiction is not greatly helped by legislative measures. To rid an unco-operative and unwilling patient of the incubus of his addiction is everywhere recognized to be a great problem.

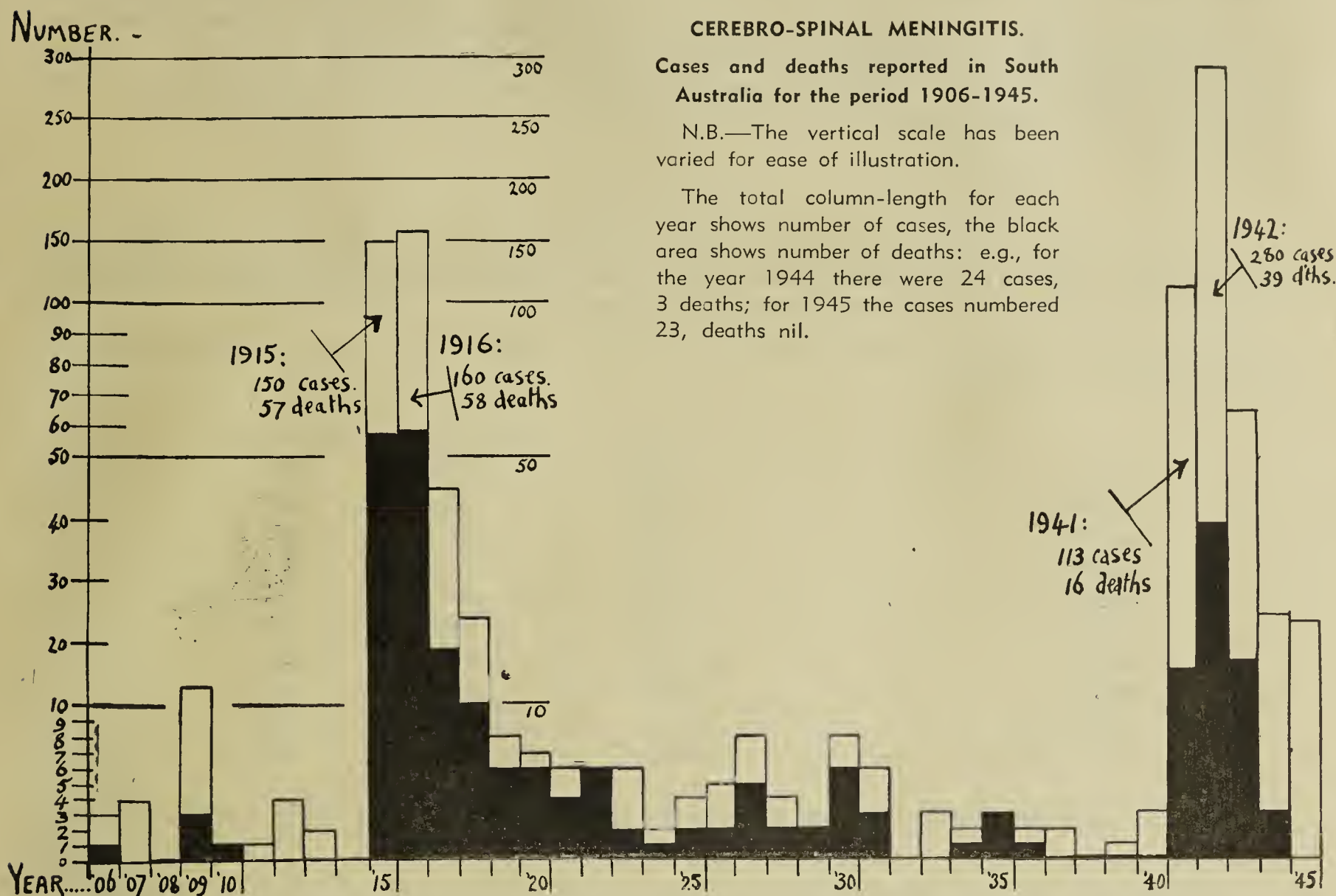
D.D.T.—D.D.T.—or dichlor-diphenyl-trichlorethane in its full title—has proved most valuable as an insecticide. The substance is being used in fly sprays and insect powders to a large extent. At the November meeting of the National Health and Medical Research Council scientific reports about it were carefully reviewed. Apart from the issue of a warning that substances containing D.D.T. should be kept from contact with foodstuffs, the council did not advise any stringent control in the use of D.D.T. In the forms ordinarily used for insecticide purposes, D.D.T. is not likely to be poisonous to human beings ; in the more concentrated forms there are risks of poisoning unless due precautions are taken.

7. INFECTIOUS DISEASES.

Incidence and Mortality.—The cases of deaths from infectious diseases during the years 1943-1945 are as under :—

	Cases.			Deaths.		
	1943.	1944.	1945.	1943.	1944.	1945.
Cerebro-spinal meningitis	66	24	23	17	3	—
Diphtheria	723	395	210	25	18	14
Dysentery, amoebic	2	—	3	2	—	1
Dysentery, bacillary	21	27	27	2	2	1
Encephalitis lethargica	6	—	1	3	1	—
Endemic typhus fever	4	7	5	—	—	—
Erysipelas	108	122	65	1	1	—
Influenza	45	7	1	7	3	—
Leprosy	—	3	—	—	1	—
Malaria	—	9	—	—	4	—
Malaria (relapse)	—	20	12	—	—	—
Measles	661	4,112	740	5	2	3
Paratyphoid fever	—	—	1	—	—	—
Polio-myelitis, anterior acuta	1	2	9	1	—	—
Psittacosis	—	1	2	—	—	1
Puerperal fever	35	11	27	—	—	—
Scarlet fever	2,299	1,665	788	3	3	1
Tuberculosis, pulmonary	261	238	226	185	153	173
Tuberculosis, other forms	—	24	22	—	38	28
Typhoid fever	15	7	9	—	2	2
Undulant fever	—	1	2	—	—	—
Whooping cough	1,168	560	1,883	11	—	9

Cerebro-spinal Meningitis.—In our report for 1943 the numbers of cases and deaths for cerebro-spinal meningitis were listed for the years 1941-1943, and a comparison was made of the recent outbreak with the large outbreak in 1915-1917. The graph below shows the incidence and mortality from the disease in this State over the past 40 years. The use of the "sulpha" drugs, and more lately penicillin, has proved valuable in greatly lowering the fatality rate from the disease.



Diphtheria Prevention.—The Board continues to urge local boards, parents and authorities controlling children's institutions, to make full use of active immunization in the attack against diphtheria. Frequent reference to the procedure and its value is made in the issues of the Board's quarterly bulletin.

Vaccination Against Whooping Cough.—The Board has received several inquiries from local boards on the value of vaccination in the attempt to prevent whooping cough. It is recognized that whooping cough damages and kills many young children. The National Health and Medical Research Council, at its meeting in November, 1945, reviewed the matter. It recorded its opinion that measures for immunization against whooping cough had not reached a stage suitable for use in "mass campaigns": the matter is still in the experimental stage, and will be kept under review by the Central Board. For the present the Central Board is not prepared to advise wide-spread use of the vaccine. Although the work being done is producing some encouraging results, the Board does not consider the method so far evolved to be suitable for official use in the general community.

8. VENEREAL DISEASES.

Case Finding and Case Holding.—All civilized countries are working hard to wipe out venereal disease. Prompt treatment of every sufferer and continued treatment till cure is complete—those are the two essentials in any anti-venereal disease scheme.

Owing to the somewhat alarming wartime increase in venereal disease in England and America, much thought and study has been given to control measures. Comparatively recent devices are case-finding and case-holding. Details differ in the various centres where these methods have been employed, but primarily there is a direct approach from social workers, health visitors, or nurse inspectors to the patient or suspect. Much tact is required in this work. The key-note of success is to gain the individual's confidence and make him feel that it is in his own interests to co-operate with the authorities. Police assistance, though very necessary in some cases, is only called upon when other methods fail.

Reports from overseas show promising results. In South Australia similar work is proceeding. A nurse-inspector was appointed early in the year by the Central Board of Health. In her investigational work very little opposition or ill-feeling has been encountered, although much persistence has been necessary to induce some of the patients to complete their treatment and their test of cure.

Every private practitioner who treats venereal disease is just as much a protector of the public health as the official health officer. He makes it his duty to encourage all contacts and suspects to be examined, and—if necessary—treated. He impresses on every infected person the importance of remaining under medical observation until cured.

As in other communities, the contact-tracing and case-holding services of the Central Board of Health are available to any private practitioner who desires help in getting sufferers or suspects to be examined or treated. In the Central Board's official booklet, "Gonorrhoea and Syphilis," full particulars are given of the administrative arrangements in this State. Useful points on diagnosis and treatment are also outlined. Doctors dealing with such cases will find the information of definite value in their work.

Legislation.—A Venereal Diseases Bill, along the lines of the present National Security (Venereal Diseases and Contraceptives) Regulations, was considered by Parliament in the recent session, but it was not enacted. At present the only legal control exercisable in this State is through the medium of the National Security Regulations, and on their repeal the persuasive methods alone will be available for getting suspects investigated and sufferers treated.

9. TUBERCULOSIS.

Tuberculosis in Cattle.—Milk from cattle suffering from tuberculosis may convey the bovine form of the infection to human beings. To drink milk which has not been scalded or pasteurized is, generally, a risky business. Tuberculosis is only one of the diseases which may be transmitted through milk.

This report from the Stock and Brands Department shows the extent to which testing of cattle for tuberculosis has been carried out in this State.

Year.	No. Tested.	No. Reacted.	Percentage.
1936-37	493	36	7·3
1937-38	1,172	52	4·4
1938-39	1,857	156	8·4
1939-40	4,086	56	1·4
1940-41	5,903	243	4·1
1941-42	10,440	733	7·02
1942-43	27,696	805	2·9
1943-44	27,986	424	1·5
1944-45	20,411	567	2·78
1/7/45 to 28/2/46	13,278	265	1·99

The Chief Inspector of Stock (Mr. R. H. F. Macindoe) kindly supplied the figures. They include re-testing of some herds.

It will be noted that steady progress is being made in the testing of dairy herds. Reactors in the metropolitan area are slaughtered under supervision at the abattoirs, and those outside the metropolitan area are ordered to the nearest bacon factory or abattoirs for slaughter.

"Where evidence of tuberculosis infection is found, the infected herds are re-tested until the herd is declared clean, and a certificate is then issued declaring such a herd to be a supervised one," said Sir George Jenkins, Minister of Agriculture, recently.

"It is compulsory in the metropolitan area for all cattle owned by licensed milk vendors to submit their herds for testing. In the metropolitan area the herds total 150, with approximately 4,000 cattle. Of these, 71 herds are free of infection, 56 are undergoing further testing before being declared free, and the remaining 23 herds are now being tested. It is expected that all these herds will have been made tubercle-free next year."

Cases and Deaths.—The figures are shown in the table in section 7 of this report.

10. CONCLUDING REMARKS.

(1) The health status of South Australia remains at a high level, comparatively speaking. Yet again the Central Board warns against an easy-going attitude. There is still room for great improvement in our community health, and the continued efforts of local boards are earnestly sought.

(2) In most countries the years between the great wars saw much expansion of social services and especially of public health activities. Further, it was usual to find the ideals and aims of health workers limited in achievement by the money made available for the work. It appears that a world-wide feature in post-war arrangements will be a still larger development of the health services. The fact that health work costs money—and is generally worth it—is now accepted by governing bodies.

(3) Local boards throughout the State are giving increasing attention to the work of diphtheria prevention. Active immunization of young children is now a routine procedure. Parents have come to realize its value, and to appreciate the facilities made available by local boards. There still is more diphtheria in our midst than there should be, and only the wider use of immunization is likely to prevent illness and save lives.

(4) The department's anti-venereal work has proved useful in investigating suspected sufferers, and in assuring treatment for those needing it.

(5) Sanitation now, as always, is the basis of public health work. Local boards are encouraged to get their areas in the best possible sanitary state. During the war years staff difficulties and shortage of materials limited the activities. Now is the time for a vigorous "clean up" campaign on a State-wide scale. Every local board should apply itself assiduously to its duties, and should adopt all possible means to get the co-operation of the people. Civic pride begins with a health-inducing environment, with cleanliness and order.

(6) So far the fears of any serious post-war epidemic have proved groundless. Yet local boards and their officers must remain alert in detecting any early evidences of any outbreak.

(7) Industrial hygiene is likely to become of greater importance in this State than was previously the case. The medical features of many industries are often important, and sometimes are overlooked until harm actually arises. More industries may mean more health risks, unless the controlling bodies and the health authorities recognize, anticipate and obviate the hazards.

(8) The post-war period promises a bright and better status of community health. The steady effort towards education for health is likely to reap its rich reward.

A. R. SOUTHWOOD, Chairman.

E. ANGAS JOHNSON,	} Members.
J. B. CLELAND,	
A. R. BURNELL,	
F. C. LLOYD,	

S. C. STENNING, Secretary,
Adelaide, 14th May, 1946.

